-01-18 13:18	Dewitt Savings	Bank 2179356342 >>	Р	1/3	
FORM D-2	Quarterly Report:	TRIBUTIONS AND EXPENDITURES LEASE TYPE OR PRINT IN BLACK (INK st 2nd 3rd X4th se on Line E must be \$0)	FOR OFFICE U JAN 1 8 State Board of	SE ONLY 2022 Election	
ZZINDI	Amendment of the Report Indicated Above		Springfield Office		
Full name and complete mailin	g address of Political Committee:	CHECK FOR ADDRESS CHANGE	COMMITTE	EID#	
1504 S. Low St. Bloomington, IL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Committee ID:	36999	
E-mail address: SKylinovo		HECK FOR E-MAIL ADDRESS CHANGE ALL POLITICAL COMMITTE	ES DETURNITO:		
10-1-2021 12-31-2021 OF	H AVAILABLE AT BEGINNING REPORTING PERIOD:	STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD OR SPRINGFIELD, IL 62704-4503	STATE BOARD OF ELECTIC 69 W WASHINGTON ST, S CHICAGO, IL 60602-3026	TE LL-08	
	A — RECEIPTS	SECTION B — EX	PENDITURES		
1. Individual Contributions a, Itemized (from Schedu b. Not-Itemized: 2. Transfers In a. Itemized (from Schedu b. Not-Itemized: 3. Loans Received a, Itemized (from Schedu b. Not-Itemized 4. Other Receipts a. Itemized (from Schedu b. Not-Itemized TOTAL RECEIPTS (1a thrus	\$	6. Transfers.Out a. Itemized (from Schedule B): b. Not-Itemized: 7. Loans Made a. Itemized (from Schedule B): b. Not-Itemized: 8. Expenditures a. Itemized (from Schedule B): b. Not-Itemized 9. Independent Expenditures a. Itemized (from Schedule B-9) b. Not-Itemized TOTAL EXPENDITURES (6a thru SECTION C — DEBTS A	\$ 0 9b)\$ 0 ND OBLIGATIONS	(6a) (6b) (7a) (7b) (8a) (8b) (9a) (9b) (7E)	
a. Itemized (from Schedul		10. a. Itemized (from Schedule C):	\$ 0	(10a)	
b. Not-Itemized TOTAL IN-KIND (52 + 5b)	\$(5b) \$(11)	b. Not-itemized TOTAL DEBTS & OBLIGATIONS	\$ <u>0</u>	_(10b) 	
Name and address of person than the committee's Chair	n submitting this report <u>if other</u> or Treasurer:	SECTION D — CAS Cash available at beginning or reporting period		_ (A)	
		Total Receipts from Section A (TR		(B)	
		Total cash (A) plus (B); \$	(C)	
·		Total Expenditures from Section B (TE): \$ <u> </u>	_ (D)	
		Funds available at close o reporting period (C minus D)	\$ 15 Ja . 68	_(E)	

VERIFICATION: I DECLARE THAT THIS QUARTERLY REPORT OF CAMPAIGN CONTRIBUTIONS AND EXPENDITURES (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND TO THE BEST THE BEST OF MY KNOW LEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1001 AND UP TO SSOOO.

SIGNATURE OF COMMITTEE TREASURER OR CANDIDATE

Investments total (if applicable): \$

REVISED 08/2021

NAME OF POLITICAL COMMITTEE:	REPORTING PERIOD			FOR OFFICE USE ONL
	10-1-20	اد	12.31-2021	
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CHECK THE PART OF FORM D-2, S		NG ITEMIZE	D;	
PART #1- INCLUDING TICKETS AND RAFFLE S	SALES PAI	RT #3- INCL	NS RECEIVED UDING ORSER	POLITICAL COMMITTEE IDENTIFICATION
PART #2- INCLUDING TICKET AND RAFFLE SA	TIONS PAI	RT #4- <u>OTH</u> I	ER RECEIPTS	No. 36999
SEE PAMPHLET "A GUID	DE TO CAMP	AIGN DIS	CLOSURE" FOR	GUIDANCE.
ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOU	NT OF EACH REC	AGGREGATE AMOUNT FOR THIS REPORTING PERIO
KEVIN LOWER- 1504 S LOW ST BOOMMYSON, FL 6/701	10/13/2021	\$ 500.	EMPLOYER:	\$ 500.00 OCCUPATION: SAKS
WWW. Your John Comments of the	<u> </u>	\$	i Ojii (i	\$
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HIS EODM MAY BE REPRODUCED	PAGE	1		REVISED 1/

NAME OF POLITICAL COMMITTEE:	REPORTING PERIOD		FOR OFFICE USE ONLY		
	10-1	.2021	12-31-2021		
	F	ROM	THRU		
SCHEDU RECEIF			•		
CHECK THE PART OF FORM D-2, SE	CTION A, BEIN				
PART #1- INDIVIDUAL CONTRIBUTIONS INCLUDING TICKETS AND RAFFLE SALES PART #3- INCLUDING ENDORSER					CAL COMMITTEE IDENTIFICATION
PART #2- POLITICAL COMMITTEE CONTRIBUT	LEŞ		ER RECEIPTS		6999
SEE PAMPHLET "A GUID	E TO CAMP	AIGN DIS	CLOSURE" FOR	GUIDAN	
ITEMIZED RECEIPTS FULL NAME, MAILING ADDRESS, AND ZIP CODE	DATE RECEIVED	AMOU	NT OF EACH REC	EIPT	AGGREGATE AMOUNT FOR THIS REPORTING PERIOD
Committee to Elect Kevin Lower (32260) 1504 Slow ST Blownington IL 61701	11-12-2021	s /;	EMPLOYER:		0000PATION:
110 1 2100 S. Brown Apple College		\$			B
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USE A SEPARATE SCHEDULE A FOR EACH PA	RTS 1, 2, 3, &	4	TOTAL.	THIS PERI	OD\$
THIS FORM MAY BE REPRODUCED	PAGE _C	<u>) </u>			REVISED 1/1/11